

Notice of Funding Availability (NOFA)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration**

Funding Opportunity Title: Circles of Care III: Tribal Infrastructure Grants for Transforming Behavioral Health Service Systems for American Indian and Alaska Native Children and their Families (Short Title: Circles of Care)

Announcement Type: Initial

Funding Opportunity Number: SM 05-008

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243

Due Date for Applications: February 25, 2005

[Note: Letters from State Single Point of Contact (SPOC) in response to E.O. 12372 are due no later than 60 days after application deadline.]

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of FY 2005 funds for Circles of Care III: Tribal Infrastructure Grants for Transforming Behavioral Health Service Systems for American Indian and Alaska Native Children and their Families. A synopsis of this Notice of Funding Availability (NOFA), as well as many other Federal Government funding opportunities, is also available at the Internet site: www.grants.gov.

For complete instructions, potential applicants must obtain a copy of SAMHSA's standard Infrastructure Grants Program Announcement (INF-05 PA), and the PHS 5161-1 (Rev. 7/00) application form before preparing and submitting an application. The INF-05 PA describes the general program design and provides instructions for applying for all Infrastructure Grants, including the Circles of Care program. SAMHSA's Infrastructure Grants provide funds to increase the capacity of mental health and/or substance abuse service systems to support effective programs and services. Applicants who seek Federal support to develop or enhance their service system infrastructure in order to support effective substance abuse and/or mental health services should apply for awards under this announcement. Additional instructions and specific requirements for this funding opportunity are described below.

I. Funding Opportunity Description:

Authority: Section 520 A of the Public Health Service Act, as amended, and subject to the availability of funds.

The purpose of the Circles of Care program is to provide tribal and urban Indian communities with tools and resources to design systems of care to support mental health for their children, youth, and families in American Indian and Alaska Native (AI/AN)

communities. Circles of Care grants will allow the building of infrastructure to increase the capacity and effectiveness of behavioral health systems serving AI/AN communities. As a result of these infrastructure improvements, Circles of Care grants will reduce the gap between the need for behavioral health services and the availability of services in AI/AN communities. Stakeholders, leaders and community members will formulate methods to reduce stigma, improve relationships between provider groups, address the limited service availability and increase cultural competence in the overall system: tribal, federal, and state. This program includes resources for infrastructure development and integrated service models within tribal colleges and universities (TCU) settings.

Technical assistance for program development will continue to be provided by the National Indian Child Welfare Association. Technical assistance for site specific evaluations and a cross-site evaluation will continue to be provided by the National Center for American Indian and Alaska Native Mental Health Research at the University of Colorado.

Program Goals:

Circles of Care grantees must:

- Develop systems of care models that are designed by American Indian/Alaska Native community members, in partnership with program and evaluation staff, to transform their behavioral health care systems.
- Engage their community members in assessing service system needs, gaps, potential resources, and plan infrastructure development strategies that meet those needs.
- Place special emphasis on co-occurring issues of mental health and substance abuse, suicide and other problems endemic to AI/AN communities.
- Increase the participation of families, tribal leaders, and spiritual advisors in planning and developing service systems and treatment options based on the values and principles of the AI/AN community served by the project.
- Evaluate the feasibility of the proposed community service system, in terms of potential resources.
- Support achieving the Healthy People 2010 goals relevant to AI/AN children and youth: reduce the rate of suicide attempts by adolescents; increase the proportion of children and youth with behavioral health problems who receive treatment.

Target Population:

The target population for Circles of Care grants are AI/AN children and youth under the age of 22 years, and their families. The primary focus will be the development of behavioral health service models for children and youth at risk of or experiencing a serious emotional or behavioral disorder, diagnosable under the Diagnostic and Statistical Manual IV, (DSM IV). Their disability is likely to include a substance abuse disorder and to impair their functioning in the family structure, school, and/or community. The need for intervention is evidenced by onset of at least one year, an acute disorder that is expected to last more than one year in the absence of appropriate intervention, and/or the indication of danger to self or others. A TCU grantee is allowed to extend the age limit beyond age 22, if their primary focus is the system of care to serve the student population. TCUs may elect to target (1) the vulnerable student population; (2) the reservation-wide system; or (3) link with urban Indian programs in identifying their scope of attention.

Allowable Activities:

Applicants may propose to carry out any of the allowable activities enumerated in the INF-05 PA for Category 1 – Small Infrastructure Grants. Implementation pilots are not an allowable activity under Circles of Care grants. SAMHSA will provide programmatic and cross-site evaluation technical assistance to grantees that will further guide project activities.

Required Activities:

Grantees must use funds to carry out the following required activities:

During the first year of the project:

- conduct an in-depth analysis of the existing infrastructure to identify policy, service gaps and potential resources;
- facilitate culturally respectful strategic planning activities engaging community members, key stakeholders, youth, elders, spiritual advisors, and tribal leaders to identify outcome expectations and measures;
- implement consensus-building to develop a culturally relevant logic model for an integrated system of care;
- utilize culturally appropriate social marketing techniques to broaden the awareness of behavioral health throughout the target population and reinforce commitments from system partners.

During years two and three of the project:

- formalize interagency commitments;
- reinforce the role of community leaders, members, youth, and families in decision-making;
- develop policies and corresponding funding streams for sustainability;
- identify relevant culturally appropriate and evidence-based practices;
- conduct trainings to expand service capacity;

- confirm performance measures for system assessment;
- complete the feasibility assessment and process evaluation, leading to adoption of the model.

Three mandatory grantee meetings will be scheduled each year, alternating between Portland, Oregon, and Denver, Colorado. Grantee meetings are a primary resource for training, peer-to-peer consensus development, and negotiation of desired project outcomes. Teams must include the project director, evaluator, family and youth representative, cultural broker/community leader, and behavioral health provider. (The anticipated annual cost for the local and grantee meeting travel is \$21,000. Travel cost estimates include increased rates for local rural travel, small rural airports, and support for consumer/community/board participation.) You must include funding for this travel in your budget.

[Note: CMHS intends to sponsor two technical assistance workshops in January for potential applicants. The first workshop is scheduled for **January 6-7, 2005 in Denver, Colorado**, and the second workshop is scheduled for **January 10-11, in Portland, Oregon**. To receive information and register for one of the TA workshops, contact Donna Clark at the Indian Child Welfare Association, 503-222-4044, ext. 144, or donna@nicwa.org.]

Background: The Circles of Care program was initiated in 1998. An important characteristic of the program is the integration of traditional healing methods indigenous to communities with conventional treatment methodologies.

There are over 550 federally recognized tribal governments, and over 60% of the AI/AN population lives in urban areas. AI/AN youth aged 15-24 have been found to have suicide death rates at 2.4 times the corresponding rate for all U.S. populations. The National Survey on Drug Use and Health indicates that the Indian population demonstrates the highest rate of illicit drug use of all racial/ethnic populations, and Indian Health Service statistics show homicide to be the second leading cause of death among Indians age 1-14, and third for ages 14-24. More than 189 gangs have been identified in Indian Country. Jurisdictional differences between tribal and state governments, and rural/frontier economic factors, often result in lack of appropriate resources for troubled youth within the tribal communities. But racism and historical trauma are issues being addressed by restoration of traditional ceremonies and languages, and are increasingly reflected in the system of care of tribes who obtain control of their programs.

Tribal colleges and universities (TCUs) have been instrumental in some tribal system of care projects, conducting needs assessments, facilitating strategic planning, and developing and presenting culturally specific wrap-around training curricula for providers and community members. Tribal colleges often utilize distance-learning technology to partner with full universities, to enable students to stay in the community and pursue advanced degrees. Post-secondary student populations often face such emotional/behavioral barriers to course completion, as substance abuse, suicidal behaviors, and competing family

responsibilities, but represent important sources of future providers to their own communities.

Mental Health System Transformation

The Circles of Care program supports the overall SAMHSA agenda for transformation of mental health systems through a focus on infrastructure development and service capacity expansion. The anticipated outcomes from the activities of this grant are strategically aligned with those outlined in the President's New Freedom Commission's Report as follows:

1. Americans Understand that Mental Health is Essential to Overall Health
<ul style="list-style-type: none"> ▪ Reduce the stigma of seeking care among the culturally distinct, generally rural/frontier tribal families. ▪ Develop community wide strategies for suicide prevention. ▪ Reduce the disparity between the need and the availability and effectiveness of services, and ▪ Reduce the barriers between mental health and substance abuse service systems.
2. Mental Health Care is Consumer and Family Driven
<ul style="list-style-type: none"> ▪ Involve consumers and families fully in orienting the mental health system toward recovery.
3. Disparities in Mental Health Services are Eliminated
<ul style="list-style-type: none"> ▪ Improve access to quality care, for American Indian/Alaska Native children, youth, and families that is culturally competent.
4. Early Mental Health Screening, Assessment, and Referral to Services are Common Practice
<ul style="list-style-type: none"> ▪ Link integrated treatment strategies with screening for co-occurring mental health and substance abuse disorders within tribal communities.
5. Excellent Mental Health Care is Delivered and Research is accelerated.
<ul style="list-style-type: none"> ▪ Identify culturally effective practices and begin the process to establish the evidence for practices that can be respectfully adapted to utilize local cultural and spiritual practices. (Please refer to Appendix A of this NOFA for references on AI/AN youth behavioral health.)
6. Technology is Used to Access Mental Health Care and Information
<ul style="list-style-type: none"> ▪ Improve access and coordination of behavioral health care in tribal communities in frontier locations using health technology and telehealth to expand access to specialized professional care.

II. Award Information:

- 1. Estimated Funding Available/Number of Awards:** It is expected that approximately \$2.4 million will be available to fund 7- 9 awards in FY 2005. The awards will range from \$250,000 to \$350,000 in total costs (direct and indirect) per year for up to 3 years. **Proposed budgets cannot exceed the allowable amount in any year of the proposed project.** The actual amount available for awards may vary, depending on unanticipated program requirements and the number and quality of the applications received. Annual continuations depend on the availability of funds, grantee progress in meeting goals and objectives, and timely submission of required data and reports.

In order to meet the Federal requirements of Executive Order (E.O.) 13270, at least one grant will be made to a TCU. Under E.O. 13270, SAMHSA and other Federal agencies are to increase the capacity of TCUs to compete effectively for any available grants, contracts, and cooperative agreements.

This program is being announced prior to the annual appropriation for FY 2005 for SAMHSA's programs, with funding estimates based on the President's budget request for FY 2005. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2005 to permit funding of a reasonable number of applications hereby solicited. All applicants are reminded, however, that we cannot guarantee that sufficient funds will be appropriated to permit SAMHSA to fund any applications.

- 2. Funding Instrument:** Grant

III. Eligibility Information

- 1. Eligible Applicants:** The following eligibility criteria supersede the criteria specified in Section III-1 of the INF-05 PA.

The following entities are eligible to apply for this grant:

- Federally recognized tribal governments, as defined in P.L. 93-638, the Indian Self Determination Act, as amended.
- Urban Indian programs, as defined in P.L. 94-437, the Indian Health Care Improvement Act, Title V., as amended, "a nonprofit body situated in an urban center governed by a board of directors of whom at least 51% are American Indian/Alaska Natives, for the purpose of establishing and administering an urban Indian health program and related activities. A faith-based Urban Indian program would have to meet the above criteria.
- Tribal Colleges and Universities, per E.O.13270.
- Previous Circles of Care grantees are not eligible to apply. (Please refer to Appendix B of this NOFA for a list of previous Circles of Care grantees.)

2. **Cost Sharing or Matching** is not required
3. **Other:** Applicants must also meet certain application formatting and submission requirements or the application will be screened out and will not be reviewed. These requirements are described in Section IV-2 below as well as in the INF-05 PA.

IV. Application and Submission Information

1. **Address to Request Application Package:** Complete application kits may be obtained from the National Mental Health Information Center at 1-800-789-2647. When requesting an application kit for this program, the applicant must specify the funding opportunity title, “Circles of Care,” and the funding opportunity number, SM 05-008. All information necessary to apply, including where to submit applications and application deadline instructions, is included in the application kit. The PHS 5161-1 application form is also available electronically via SAMHSA’s World Wide Web Home Page: http://www.samhsa.gov/grants/generalinfo/useful_info.aspx. The INF-05 PA is available electronically at <http://www.samhsa.gov/grants/2005/standard/infrastructure/index.aspx>

When submitting an application, be sure to type “SM 05-008/Circles of Care” in Item Number 10 on the face page of the application form. Also, SAMHSA applicants are required to provide a DUNS Number on the face page of the application. To obtain a DUNS Number, access the Dun and Bradstreet web site at www.dunandbradstreet.com or call 1-866-705-5711.

2. **Content and Form of Application Submission:** Information including required documents, required application components, and application formatting requirements is available in the INF-05 PA in Section IV-2.

Checklist for Application Formatting Requirements

*SAMHSA’s goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA’s obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- ☐ Use the PHS 5161-1 application.
- ☐ Applications must be received by the application deadline or have proof of timely submission, as detailed in Section IV-3 of the INF-05 PA.
- ☐ Information provided must be sufficient for review.

- ❑ Text must be legible. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
 - Type size in the Project Narrative cannot exceed an average of 15 characters per inch, as measured on the physical page. (Type size in charts, tables, graphs, and footnotes will not be considered in determining compliance.)
 - Text in the Project Narrative cannot exceed 6 lines per vertical inch.
- ❑ Paper must be white paper and 8.5 inches by 11.0 inches in size.
- ❑ To ensure equity among applications, the amount of space allowed for the Project Narrative cannot be exceeded. (For Project Narratives submitted electronically in Microsoft Word, see separate requirements below under “Guidance for Electronic Submission of Applications.”)
 - Applications would meet this requirement by using all margins (left, right, top, bottom) of at least one inch each, and adhering to the page limit for the Project Narrative stated in the INF-05 PA.
 - Should an application not conform to these margin or page limits, SAMHSA will use the following method to determine compliance: The total area of the Project Narrative (excluding margins, but including charts, tables, graphs and footnotes) cannot exceed 58.5 square inches multiplied by the page limit. This number represents the full page less margins, multiplied by the total number of allowed pages.
 - Space will be measured on the physical page. Space left blank within the Project Narrative (excluding margins) is considered part of the Project Narrative, in determining compliance.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- ❑ The 10 application components required for SAMHSA applications should be included. These are:
 - Face Page (Standard Form 424, which is in PHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in PHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Appendices
 - Assurances (Standard Form 424B, which is in PHS 5161-1)
 - Certifications (a form in PHS 5161-1)
 - Disclosure of Lobbying Activities (Standard Form LLL, which is in PHS 5161-1)
 - Checklist (a form in PHS 5161-1)

- ☐ Applications should comply with the following requirements:
 - Provisions relating to confidentiality, participant protection and the protection of human subjects, as indicated in the INF-05 PA in this NOFA.
 - Budgetary limitations as indicated in Sections I, II, and IV-5 of the INF-05 PA.
 - Documentation of nonprofit status as required in the PHS 5161-1.
- ☐ Pages should be typed single-spaced in black ink with one column per page. Pages should not have printing on both sides.
- ☐ Please number pages consecutively from beginning to end so that information can be located easily during review of the application. The cover page should be page 1, the abstract page should be page 2, and the table of contents page should be page 3. Appendices should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- ☐ The page limits for Appendices stated in the specific funding announcement should not be exceeded.
- ☐ Send the original application and two copies to the mailing address in the funding announcement. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. Do not use heavy or lightweight paper, or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

3. Submission Dates and Times: Applications must be received by February 25, 2005. You will be notified by postal mail that your application has been received. Additional submission information is available in the INF-05 PA in Section IV-3.

Guidance for Electronic Submission of Applications

SAMHSA is now offering the opportunity for you to submit your application to us either in electronic or paper format. Electronic submission is voluntary. No review points will be added or deducted, regardless of whether you use the electronic or paper format.

To submit an application electronically, you must use the www.Grants.gov apply site. You will be able to download a copy of the application package from www.Grants.gov, complete it off-line, and then upload and submit the application via the Grants.gov site. E-mail submissions will not be accepted.

You must search the Grants.gov site for the downloadable application package, by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at: www.Grants.gov apply site, on the Customer Support tab. In addition to the User Guide, you may wish to use the following sources for help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

If this is the first time you have submitted an application through Grants.gov, you must complete four separate registration processes before you can submit your application. Allow at least **two weeks** (10 business days) for these registration processes, prior to submitting your application. The processes are: DUNS Number registration, Central Contractor Registry (CCR) registration, Credential Provider registration, and Grants.gov registration.

It is strongly recommended that you submit your grant application using Microsoft Office products (e.g., Microsoft Word, Microsoft Excel, etc.). If you do not have access to Microsoft Office products, you may submit a PDF file. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described above, and in Section IV-2.3 and Appendix A of the standard grant announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help to ensure the accurate transmission and equitable treatment of applications.

- *Text legibility:* Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of one inch each. Adhering to these standards will help to ensure the accurate transmission of your document. If the type size in the Project Narrative of an electronic submission exceeds 15 characters per inch, or the text exceeds 6 lines per vertical inch, SAMHSA will reformat the document to Times New Roman 12, with line spacing of single space. Please note that this may alter the formatting of your document, especially for charts, tables, graphs, and footnotes.
- *Amount of space allowed for Project Narrative:* The Project Narrative for an electronic submission may not exceed 12,875 words. **Any part of the Project Narrative in excess of the word limit will not be submitted to review.** To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper submission of your application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in Section IV-3 of the grant announcement. The paper submission must be clearly marked: “Back-up for electronic submission.” The paper submission must conform with all requirements for non-electronic

submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number.

The Grants.gov Web site does not accept electronic signatures at this time. Therefore, you must submit a signed paper original of the face page (SF 424), the assurances (SF 424B), and the certifications, and hard copy of any other required documentation that cannot be submitted electronically. **You must reference the Grants.gov tracking number for your application, on these documents with original signatures, and send the documents to the following address. The documents must be received at the following address within 5 business days of your electronic submission.** Delays in receipt of these documents may impact the score your application receives or the ability of your application to be funded.

For United States Postal Service:

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**
ATTN: Electronic Applications

For other delivery service (DHL, Falcon Carrier, Federal Express, United Parcel Service):

Crystal Saunders, Director of Grant Review
Office of Program Services
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20850**
ATTN: Electronic Applications

If you require a phone number for delivery, you may use (240) 276-1199.

- 4. Intergovernmental Review:** Applicants for this funding opportunity must comply with Executive Order 12372 (E.O.12372). E.O.12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100, sets up a system for State and local review of applications for Federal financial assistance. Instructions for complying with E.O. 12372 are provided in the INF-05 PA in Section IV-4. A current listing of State Single Points of Contact (SPOCs) is included in the application kit and is available at www.whitehouse.gov/omb/grants/spoc.html.

Federally recognized Indian tribal government applicants are not subject to the Public Health System Reporting Requirements; therefore, tribal applicants for the Circles of Care program are not required to follow the instructions for completing the Public Health System Impact Statement (PHSIS) contained in the INF-05 PA. In addition, tribal applicants do not have to include an Appendix 4, Letter to the SSA, as required in the INF-05 PA.

- 5. Funding Restrictions:** Information concerning funding restrictions is available in the INF-05 PA in Section IV-5.

V. Application Review Information

1. Evaluation Criteria: Applications will be reviewed against the Evaluation Criteria and requirements for the Project Narrative specified in the INF-05 PA. The following information describes exceptions or limitations to the INF-05 PA and provides special requirements that pertain only to Circles of Care grants. Applicants must discuss the following requirements in their applications, in addition to the requirements specified in the INF-05 PA:

- 1.1 In “Section A: Statement of Need”:
In the third bullet, applicants must describe the stakeholders and resources within the target area that can help implement the needed infrastructure development. Applicants should be sure to include whether the applicant receives funds from other related Federal or State grant programs, including the Department of Justice’s Tribal Youth Program and Indian Health Service. The applicant must describe how the proposed project will be coordinated with and build on the projects funded through these resources.
- 1.2 In “Section B: Proposed Approach”:
In the fifth bullet, applicants must describe the other organizations that will participate in the project and their roles and responsibilities. Applicants are strongly encouraged to include the community school system and community tribal colleges.
- 1.3 In “Section D: Evaluation and Data,” add the following bullet:
Describe how project staff will work with evaluation staff to support the evaluation effort. The program planning activities and the evaluation activities will be expected to inform each other in a constant cycle, locally and collectively.
- 1.4 In “Section D, Evaluation and Data,” document your ability to collect and report quarterly on performance in the following areas:
 - Involvement of community leaders, persons potentially served and/or their families/partners/guardians in: (a) planning; (b) policy development; and (c) strategy for treatment planning implementation for individuals. Indicators will be documented in:

- Quarterly reports
- Completion of cross-site evaluation tasks
- Minutes from community planning meetings
- Improved access to quality mental health/substance abuse care for AI/AN children, youth and families. Examples of indicators may include:
 - New sources of funding
 - Increased use of telemedicine/telepsychiatry
- Adherence to the TA guidance provided. Examples of indicators may include:
 - Products developed
 - Timely completion of phases of activities
 - Feedback on satisfaction with TA provided.
- Individual clinical/patient data will not be collected.

GPRA Requirement: Grantees also may be required to report data on performance measures, which are currently under development. CMHS expects these measures to be completed by Spring 2005 and will most likely be based on, but not limited to, the National Outcome Measures. A web-based GPRA and database reporting system is currently in the initial planning stages. Grantees may be asked in the future to submit their GPRA data electronically using this web-based system.

2. Review and Selection Process: Information about the review and selection process is available in the INF-05 PA in Section V-2.

VI. Award Administration Information: Award administration information, including award notices, administrative and national policy requirements, and reporting requirements are available in the INF-05 PA in Section VI. SAMHSA's standard terms and conditions are available at www.samhsa.gov/grants/generalinfo/grants_management.aspx.

VII. Agency Contact for Additional Information:

For questions concerning program issues contact:

Jill Shepard Erickson, MSW, ACSW
 SAMHSA/Center for Mental Health Services
 1 Choke Cherry Road, Room 6-1046
 Rockville, MD 20857
 240-276-1926
 E-mail: jill.erickson@samhsa.hhs.gov

For questions concerning grants management issues contact:

Kimberly Pendleton
 SAMHSA/Division of Grants Management
 1 Choke Cherry Road, Room 7-1097

Rockville, MD 20857
240-276-1421
E-mail: Kimberly.pendleton@samhsa.hhs.gov

Date:

Daryl Kade
Director, Office of Policy Planning and Budget
Substance Abuse and Mental Health Services Administration

Appendix A

References

American Indian and Alaska Native Youth Behavioral Health

- Abbott, P.J. (1998). Traditional and western healing practices for alcoholism in American Indians and Alaska Natives. *Substance Abuse and Misuse*. 33(13), 2605-2646. Brodeur, P.I. (2002). Programs to improve the health of Native Americans. In S. Issacs and J. Knickman (eds.), *To improve health and health care* (pp. 53-74). San Francisco: Jossey-Bass.
- Allen, J., LeMaster, P., & Deters, P.B. (2004). Mapping pathways to services: Description of local services for American Indian and Alaska Native children by Circles of Care. *American Indian and Alaska Native Mental Health Research: the Journal of the National Center*, 11 (3), 65-87. Available at [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf).
- Beals, J., Novins, D., Mitchell, C., Shore, J., and Manson, S. (2002). Comorbidity between alcohol abuse/dependence and psychiatric disorders: Prevalence, treatment implications, and new directions for research among American Indian populations. *NIAA Research Monograph Series*, 37,371-41. Available at: [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf).
- Bess, G., King, M., & LeMaster, P.L. (2004). Process evaluation: How it works; *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 109-120. Available at: [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf).
- Borowsky, I.W., Resnick, M.D., Ireland, M., and Blum, R.W. (1999). Suicide attempts among American Indian and Alaska Native youth, protective factors. *Archives of Pediatric and Adolescent Medicine*, 153, 573-580.
- Center for Mental Health Services. *Mental Health, United States, 2002*. Manderscheid, R. W., and Henderson, M.J., eds.DHHS Pub No. (SMA) 3938. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.
- Coll, K.M., Mohatt, G., LeMaster, P.L. (2004). Feasibility assessment of the service delivery model. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 99-108. Available at: [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf).
- Costello, E.J., Compton, S.N., Keller, G.I., and Angold, A., (2003). Relationships between poverty and psychopathology: a natural experiment. *JAMA*.290. 2023-9
- Crofoot, Graham T.L., Corcoran, K., Mental health screening results for Native American and Euro-American youth in Oregon juvenile justice settings. *Psychological Reports*. 92(3 Pt 2):1053-60, 2003 June.

Cross, T., and Deserly, K., (1996). *American Indian Children's Mental Health Services, an Assessment of Tribal Access to Children's Mental Health Funding and a Review of Tribal Mental Health Programs*, National Indian Child Welfare Association.

Cross, T., Earle, K., Echo-Hawk Solie, & Mannes, K. (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. *Systems of Care: Promising Practices in Children's Mental Health, 2000 Series, Volume I*. Washington D.C.: Center for Effective Collaboration and Practice, American Institutes for Research.

Davis, J.D., Erickson, J.S., Johnson, S.R., Marshall, C.A., Running Wolf, P., & Santiago, R.L., (Eds.). (2002). *Work Group on American Indian Research and Program Evaluation Methodology (AIRPEM), Symposium on Research and Evaluation Methodology: Lifespan Issues Related to American Indians/Alaska Natives with Disabilities*. Flagstaff: Northern Arizona University, Institute for Human Development, Arizona University Center on Disabilities, American Indian Rehabilitation Research and Training Center.

Drummond, M.F., Stoddart, G.L., and Torrance, G.W. (1987). *Methods for the Economic Evaluation of Health Care Programmes*. Oxford University Press, Oxford.

Duclos, C., Phillips, M., & LeMaster, P.L. (2004). Ourcomes and accomplishments of the Circles of Care planning efforts. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 121-138. Available at: [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).Pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).Pdf).

Duran, B, Malco, L.H., Sanders, M., Waitzkin, H., Skipper, Bl, Yager, J. Child maltreatment prevalence and mental disorders outcomes among American Indian women in primary care. *Child Abuse & Neglect*. 28 (2): 131-45, 2004 Feb.

Executive Order 13270 (2002) *White House Initiative on Tribal Colleges and Universities*.

Fickenscher, A., Novins, D. K. (2003). Conduct disorder among American Indian Adolescents in residential, substance abuse treatment. *Journal of Psychoactive Drugs*, 35:79-84.

Freeman, B., Iron Cloud-Two Dogs, E., Novins, D.K., & LeMaster, P.L. (2004). Contextual issues for strategic planning and evaluation of systems of care for American Indian and Alaska Native communities: An introduction to Circles of Care. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 1-29. Available at [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).Pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).Pdf).

Garroutte, E.M., Goldberg, J., Beals, J., Herrell, R., Manson, S.M., AI-SUPERPFP TEAM. Spirituality and attempted suicide among American Indians. *Social Science & Medicine*. 56(7):1571-9, 2003 April.

Gilder, D.A., Wall, T.L., Ehlers, C.L., Psychiatric diagnoses among Mission Indian children with and without a parental history of alcohol dependence. *Journal of Studies on Alcohol*, 63(1):18-23, 2002 January.

Jumper-Thurman, P., Allen, J., Deters, P.B. (2004). The Circles of Care evaluation: Doing participatory evaluation with American Indian and Alaska Native communities. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11(3), 139-154. Available at: [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\)](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2)). Pdf.

Koss, M.P., Yuan, N.P., Dightman, D., Prince, R.J., Polacca, M. Sanderson, B., Goldman, D., Adverse childhood exposures and alcohol dependence among seven Native American tribes *American Journal of Preventive Medicine*. 25(3):238-44, 2003 October.

LeMaster, P.L., Beals, J., Novins, D.K., Manson, S.M. (2004). The prevalence of suicidal behaviors among Northern Plains American Indians. *Suicide and Life-Threatening Behavior*, 34:242-54.

Levin, J.M., McEwan, P.J., (2001). *Cost-Effectiveness Analysis: 2nd Edition*. Sage Publications, Inc., Thousand Oaks.

Libby, A.M., Orton, H.D., Novins, D.K., Spicer, P., Buchwald, D., Manson, S.M. (2004). Childhood physical abuse and lifetime alcohol and drug disorders for two American Indian tribes. *Journal of Applied Developmental Sciences*. 1:135-144.

Manson, S.M., Bechtold, D.W., Novins, D.K., Beals, J. (1997). Assessing psychopathology among American Indian and Alaska Native children and adolescents. *Journal of Applied Developmental Sciences*. 1:135-144.

Manson, S., ed. (1982). *New Directions in Prevention among American Indian and Alaska Native Communities*, National Center for American Indian and Alaska Native Mental Health Research, Oregon Health Sciences University.

May, P.A., Van Winkle, N.W.. Indian adolescent suicide: The epidemiologic picture in New Mexico. In Duclos, C.W., Manson, S.M., eds. *Calling from the Rim: Suicidal Behavior among American Indian and Alaska Native Adolescents*. Boulder, CO: University of Colorado Press, 1994:2-23.

McCubbin, H., Thompson, E., Thompson, E., and Fromer, J., *Resiliency in Native American and Immigrant Families*, Sage Publications, 1998.

Middlebrook, D.L., LeMaster, P.L., Beals, J., Novins, D.K., Manson, S.M. (2001). Suicide prevention in American Indian and Alaska Native: A critical review of programs. *Suicide and Life Threatening Behavior*, 31 (Supplement): 132-149.

Mitchell, C.M., Beals, N., Novins, D.K., Spicer, P. AI-SUPERPFP team (2003). Drug use among two American Indian populations: Prevalence of lifetime use and DSM-IV substance abuse disorders. *Drug and Alcohol Dependence*. 69:29-41.

Nebelkopf, E., and Phillips, M., Ed. *Healing and Mental Health for Native Americans, Speaking in Red*, Altamire Press, 2004.

Nitzkin, J., & Smith, S.A. *Clinical preventive services in substance abuse and mental health update: From science to services*. (2004). DHHS Pub. No. (SMA) 04-3906. Rockville, M.D.: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Novins, D.K., Beals, J., Moore, L., Spicer, P., Manson, S.M. (2004). Use of biomedical services and traditional healing options among American Indians: socio-demographic correlates, spirituality and ethnic identity. *Medical Care*, 42:670-679.

Novins, D.K., Bechtold, D.W., Sack, W.H., Thompson, J., Carter, D.R., Manson, S.M. (1997). The DSM-IV outline for cultural formulation: A critical demonstration with American Indian children. *Journal of the American Academy of Child and Adolescent Psychiatry*. 36:1244-1251.

Novins, D.K., Spicer, P., Beals, J., Manson, S.M. (2004). Preventing underage drinking in American Indian and Alaska Native communities: contexts, epidemiology, and culture. In National Research Council and Institute of Medicine, *Reducing Underage Drinking: A Collective Responsibility*. Committee on developing a strategy to reduce and prevent underage drinking, Bonnie, R.J., O'Connell, M.E., Editors. Washington D.C.: The National Academies Press, pp. 678-696.

Novins, D.K., King, M., & Stone, L.S. (2004). Developing a plan for outcomes in model systems of care for American Indian and Alaska Native children and youth. *American Indian and Alaska Native Mental Health Research: the Journal of the National Center*. 11(3), 42-58. Available at: [http://www.uchsc.edu/ai/ncaianmhr/journal/11\(2\).pdf](http://www.uchsc.edu/ai/ncaianmhr/journal/11(2).pdf).

Spicer, P., Beals, J., Mitchell, C.M., Novins, D.K., Manson S.M. (2003). The prevalence of alcohol dependence in two American Indian reservation communities. *Alcoholism: Clinical and Experimental Research*, 27:1785-1797.

Spicer, P., Novins, D.K., Mitchell, D.M., Beals, J. (2003). Aboriginal social organization, contemporary experience and American Indian adolescent alcohol use. *Journal on the Studies of Alcohol*, 64:450-457.

Substance Abuse and Mental Health Services Administration. *Summary of Findings from the 2000 National Household Survey on Drug Abuse*. Office of Applied Studies, NHSDA Series H-13, DHHS Publication No. (SMA) 01-3549. Rockville, M.D., 2001.

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, *Health Promotion and Substance Abuse Prevention among American Indian and*

Alaska Native Communities: Issues in Cultural Competence, DHHS Publication No. (SMA) 99-3440, 2001.

U.S. Congress, Office of Technology Assessment, *Indian Adolescent Mental Health*, (1990).

U.S. Department of Health and Human Services, Indian Health Services, Office of the Director. (1998). *Key Facts about American Indian and Alaska Native Youth*.

U.S. Department of Health and Human Services, Indian Health Services, *Trends in Indian Health*, (2000-2001).

U.S. Department of Health and Human Services, Indian Health Services, *Indian Health Focus: Youth*, (1998-1999).

U.S. Department of Health and Human Services, Office of Minority Health. *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. (2001).

U.S. Department of Health and Human Services, 2001. *Mental Health: Culture, Race and Ethnicity-A Supplement to Mental Health: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Rockville, M.D.

U.S. Department of Health and Human Services. (2001). *Youth Violence: A Report of the Surgeon General*. Rockville, M.D.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, Center for Substance Abuse Prevention, and Indian Health Services, *Gathering of Native Americans (GONA) Facilitator Guide, Substance Abuse Prevention Curriculum*, Condensed version, 2000, original release, 1992 by Substance Abuse and Mental Health Administration, Center for Substance Abuse Prevention, Kauffman and Associates, Inc.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration. (1998). *Substance Abuse and Mental Health Statistics Source Book*, "Suicide, Homicide, and Total Death Rates by Race/Ethnicity", pp. 228-237.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, *SAMHSA Fact Sheet*, "Prevalence of Substance Abuse among Racial/Ethnic Subgroups in the United States, 1991-1993".

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, Center for Substance Abuse Prevention, *Substance Abuse Resource Guide: American Indians and Native Alaskans*, (1998)

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *American Indians and Crime*, (1999).

25 C.F.R 13, P.L. 94-437, the *Indian Health Care Improvement Act*, September 30, 1976.

25 C.F.R. Part 900, P.L. 103-413 *Indian Self Determination and Education Assistance Act Amendments*, June 24, 1996.

Appendix B

Prior Circles of Care Grantees

1998-2001:

- **Cheyenne River Sioux Tribe, South Dakota**
- **Choctaw Nation, Oklahoma**
- **Fairbanks Native Association, Alaska**
- **Feather River Tribal Health Association, Oroville, California**
- **First Nations Clinic, Albuquerque, New Mexico**
- **In-Care Network, Billings, Montana**
- **Intertribal Council of Michigan**
- **Native American Health Center, Oakland, California**
- **Oglalla Sioux Tribe, South Dakota**

2001-2004:

- **Blackfeet Nation, Montana**
- **Central Council Tlingit and Haida Indian Tribes of Alaska**
- **Pascua Yaqui Tribe of Arizona**
- **Puyallup Tribal Health Authority, Washington**
- **Salt River Pima-Maricopa Indian Community, Arizona**
- **United Indian Involvement, Los Angeles, California**
- **Ute Indian Tribe, Utah**